



COVID-19 Paid Leave Request Form

Employee Name:	Dates of Requested Leave
Employee Position:	Employee Supervisor & Building:

I, _____, an employee of HFM BOCES, affirm that I am hereby unable to work, due to isolation related to COVID-19):

I understand that, per HFM BOCES policy, in order to request COVID-19 leave, I must complete the NYS Department of Health Affirmation of Isolation form and provide a positive COVID-19 laboratory test result (PCR or Antigen). I understand that home tests are not acceptable.

Employee Signature _____

Date _____

DISTRICT PERSONNEL USE ONLY

- Approved
- Denied

Name _____

Date _____